UNITED ST NORTHERN (CA		TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.									COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER					2a. CONTACT PHONE NUMBER						3. CONTACT EMAIL ADDRESS						
1b. ATTORNEY NAME (if different)					2b. ATTORNEY PHONE NUMBER						3. ATTORNEY EMAIL ADDRESS						
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)						5. CASE NAME							6. CASE NUMBER				
							8. THIS TRANSCRIPT ORDER IS FOR:										
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) $ ightarrow \Box$ FTR							☐ APPEAL ☐ CRIMINAL ☐ In forma pauperis (NOTE: Court order for transcripts must be attached) ☐ NON-APPEAL ☐ CIVIL CJA: <u>Do not use this form; use Form CJA24</u> .										
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:																	
a HEARING(S) (OR PORTIONS OF HEARINGS)						FORMAT(S) (NOTE: ECF access is included rchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)							
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hea specify portion (e.g. witness or	ring, (e	PDF 1 mail)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
					0	0	0	0	0	0	0	0	0	0	0	0	
					0	0	0	0	0	0	0	0	0	0	0	0	
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					0	0	0	0	0	0	0	0	0	0	0	0	
					0	0	0	0	0	0	0	0	0	0	0	0	
10. ADDITIONA	10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:																
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DA	12. DATE				
11. SIGNATURE John A. Stearns																	